

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050670

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 052

Primary Registration District No. 4042

Registrar's No. 4

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED JAN 16 1964

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lutesville		c. CITY OR TOWN Piedmont	
c. FULL NAME OF (If NOT in hospital, give location) Bond Nursing Home		d. STREET ADDRESS (If outside, give location) R.R. Logan Township	
3. NAME OF DECEASED (Type or print) Lysander Mason Smoot		4. DATE OF DEATH Month Dec. Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-13-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Carpenter		11. BIRTHPLACE (City and state or country) Fairmont, ILL., U.S.A.	
13a. FATHER'S NAME Harre Smoot		14. NAME OF HUSBAND OR WIFE Viola Smoot	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs Edith Hoston Piedmont Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular accident DUE TO (c) Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4 a.m. 0 p.m.		20f. CITY, TOWN, OR LOCATION Lutesville, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Oct 10/63 to 12/19/63 and last saw him live on 12-19-63 Death occurred at 4 o'clock P.M. on the date stated above, and to the best of my knowledge, from the causes stated:		22c. DATE SIGNED 1-11-64	
22a. SIGNATURE John R. Hughes Do		22b. ADDRESS Lutesville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-22-63	
23c. NAME OF CEMETERY OR CREMATOR Smoot Cemetery		23d. LOCATION (City, town, or county) Wayne County, Mo.	
24. FUNERAL DIRECTOR William Coder Piedmont Mo		25. DATE REC'D. BY LOCAL REG. 1/14/64	
26. REGISTRAR'S SIGNATURE Mrs Buford Crader			

USE BLACK INK

OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jenneth Riley

Licensed Embalmer No. 5086

P. O. Address Indianapolis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.